

PERSONAL DATA INFORMATION FORM



This form must be completed in full before the counselor is assigned.
All information is confidential.

IDENTIFICATION DATA

Name _____

Email _____

Phone _____

Address _____ City _____ Zip _____

Occupation _____

Phone (Cell) _____ (Work) _____

Sex: M F Birthdate _____ Age _____

Referred here by _____

HEALTH INFORMATION

Rate your health (check): Very Good Good Average Declining Other _____

Height _____ Your approximate weight _____ lbs.

Weight changes recently (+/-) _____

List all important present or past illnesses or injuries or handicaps:

Date of last medical examination _____ Report: _____

Your physician _____

Address _____

Are you presently taking medication: Yes No What? _____

Have you used drugs for other than medical purposes? Yes No

What?

Have you ever been arrested? Yes No

Are you willing to sign a release or information form so that your counselor may write for social, psychiatric, or medical reports? Yes No

Have you recently suffered the loss of someone who was close to you?

Yes No When? _____

Explain:

EDUCATION

Education (last grade you completed) _____

Other training (list type and years)

(Include any degrees)

MARRIAGE AND FAMILY INFORMATION

Marital Status: Single Dating Engaged Married Separated Divorced Widowed

Name of Spouse _____

Address _____

Occupation _____

Phone(C) _____ (W) _____

Your spouse's age _____ Education (in years) _____

Spouse willing to come for counseling? Yes No Uncertain

Have you ever been separated? Yes No

From _____ to _____

Have either of you ever filed for divorce?

When _____

Date of marriage _____

Your ages when married: Husband _____ Wife _____

How long did you know your spouse before marriage? _____

Length of steady dating with spouse _____

Length of engagement _____

Give brief information about any previous marriages:

Information about children:

PM* Name Age Sex Living? Years/ Education Marital Status

*(Check column if child is by previous marriage)

RELIGIOUS BACKGROUND

Church Currently Attending: _____

Member of _____ **(church)**

How often do you attend per month? (circle) 0 1 2 3 4 5 6 7 8 9 10+

Which Small Group do you participate in? _____

What church did you attend as a child? _____

Religious background of spouse (if married) _____

Do you consider yourself a religious person? Yes No Uncertain

Do you believe in God? Yes No Uncertain

Do you believe Satan exists? Yes No Uncertain

Have you ever "dabbled" with the "Occult"? Yes No Uncertain
(Séances, devil worship, witchcraft, etc.)

Do you pray to God? Yes No Never Occasionally Often

Would you say you are a Christian? Yes No
or would you say you are still in the process of becoming Christian? Yes No

How often do you read the Bible? Never Occasionally Often

Do you have regular devotions? Yes No Not sure what you mean

Explain recent changes in your religious life, if any.

ANSWER THE FOLLOWING QUESTIONS:

(Initial Assessment)



1. What is the problem as you see it?

2. How long has this been going on?

3. In what way(s) have you contributed to the problem?

4. What have you tried to do already to resolve the problem?

5. Do you feel this is an emergency?

6. As you see yourself, what kind of person are you? Describe yourself.

7. What, if anything, do you fear?

8. What can we do? (What are your expectations in coming here?)

9. Is there any other information that we should know?

Consent to Biblical Counseling

Our Goal - Our goal in providing Biblical Counseling is to help you meet the challenges of life in a way that will please and honor the Lord Jesus Christ and allow you to enjoy fully His love for you and His plans for your life.

Biblical Basis - We believe that the Bible provides thorough guidance and instruction for faith and life. (II Peter 1:3 and Romans 15:4.) Therefore, our counseling is based solely on Scriptural principles rather than those of secular psychology or psychiatry.

Not Professional Advice - On accepting Biblical counseling services, it is important for you to realize that our Biblical counselors are not professionals in the medical, psychological, psychiatric or legal fields. If you have significant legal, financial, medical or other technical questions, you should seek advice from independent professionals not associated with Highland Park Baptist Church. Our pastoral and lay counselors will be happy to cooperate with such advisors and help you to consider their counsel in the light of relevant Biblical principles. By signing this "Consent to Biblical Counseling," you agree to hold Highland Park Baptist Church harmless in any and all matters associated with the Biblical advice you have received.

Confidentiality - Confidentiality is an important aspect of the counseling process, and we will carefully guard the information you entrust to us. However, because we are continually training others to be effective counselors, we ask that you agree to allow counselors in training to be present during your sessions. Counselors shall be free to discuss counseling sessions and cases with other HPBC counselors and the pastors of the Highland Park Baptist Church, Southfield, Michigan in order to gain the benefit of additional insight and input.

There are four other situations when it may be necessary for us to share certain information with others: (1) when a counselor is uncertain of how to address a particular problem and needs to seek advice from another pastor or elder in this church; (2) when a counselee attends another church and it is necessary to talk with his or her pastor or elders; (3) when there is a clear indication that someone may be harmed unless we otherwise intervene; or (4) when a person persistently refuses to renounce a particular sin and it becomes necessary to seek the assistance of others in the church to encourage repentance and reconciliation (see Proverbs 15:22; 24:11; Matthew 18:15-20.) Please be assured that our counselors strongly prefer not to disclose personal information to others, and they will make every effort to help you find ways to resolve a problem as privately as possible.

Resolution of Conflicts - On rare occasions a conflict may arise between counselor and counselee. In order to make sure that any such conflict will be resolved in a Biblically faithful manner, we require all of our counselees to agree that any dispute that arises with the counselor or with this church as a result of counseling will be settled with mediation within the church according to the principles of Scripture and the authority of this local church.

Having clarified the principles and policies of our Biblical Counseling ministry, we welcome the opportunity to minister to you in the name of Christ and to be used by Him as He helps you to grow in spiritual maturity and prepares you for usefulness in His body. If you have any questions about these guidelines, please talk with a pastor or elder. If these guidelines are acceptable to you, please sign below.

Signed: _____

Dated: _____

